PTO/SB/21 (01-03)

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Application Number 10/033,116

Filling Date December 27, 2001

First Named Inventor Raymond V. Damadian et al.

Art Unit 3737

Examiner Name J. F. Ramirez

Attorney Docket Number

23242-0001

Date

ENCLOSURES (Check all that apply)						
x	Fee Tran	smittal Form	x	Drawing(s)		After Allowance Communication to Group
Fee Attached X Amendment/Reply After Final Affidavits/declaration(s) X Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks - Certificate of Express Mailing - Return Postcard		Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): See Remarks		
		SIGNA	TURE	OF APPLICANT, ATTORNEY, C	OR AG	ENT
Firm Brandon N. Sklar, Es Individual Kaye Scholer LLP		sq., Re	eg. No. 31, 667		1	
Signature			// Ylandon // Main			
Date February 9, 2006				/		
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10 3737

23242-0001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:)
Raymond V. Damadian) Examiner: J. F. Ramirez
Application No.: 10/033,116) Group Art Unit: 3737
Filed: December 27, 2001)
For: LIGHTING SYSTEMS FOR MEDICAL ROOMS)
MEDICAL ROOMS)

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

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- 1. Amendment;
- 2. Amendment Transmittal;
- 3. Fee Transmittal;
- 4. Petition for Three-Month Extension of Time;
- 5. Five Replacement Sheets and five Marked-Up Sheets of Drawings; and
- 6. Return receipt postcard.

Maritza Acosta	
Name of Person Mailing	
February 9, 2006	
Date of Deposit	

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PTO/SB/17 (12-04)

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Effective on 12	/08/2004.		Complete if Known		
Fees pursuant to the Consolidated App.		Application Number	10/033,116		
FEE TRAN	ISMITTAL	Filing Date	12/27/2001		
For FY	2005	First Named Inventor	Raymond V. Damadia	an	
A 1	0 07 OFD 4 07	Examiner Name	J. F. Ramirez		
Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	3737		
TOTAL AMOUNT OF PAYMENT	(\$) 50.00	Attorney Docket No.	23242-0001		
METHOD OF PAYMENT (chec	k all that apply)				
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0988 Deposit Account Name: Kaye Scholer LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments					
under 37 CFR 1.16 ar WARNING: Information on this form mainformation and authorization on PTO-	ay become public. Credit card inf			e credit card	
FEE CALCULATION					
1. BASIC FILING, SEARCH, AI FILIT	NG FEES SEAR		MINATION FEES		
Application Type Fee (Small Entity \$) Fee (\$) Fee (\$	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility 300	150 500	250 20			
Design 200	100 100	50 13	0 65 -		
Plant 200	100 300	150 16	0 . 80 _		
Reissue 300	150 500	250 60	0 300 -		
Provisional 200	100 0	0	0 0 -		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 100 180					
Total Claims Extra CI - 20 or HP = 1 HP = highest number of total claims pai Indep. Claims Extra CI - 3 or HP = HP = highest number of independent claims	x 50.00 = 50.0 d for, if greater than 20 aims		ple Dependent Claims le (\$) Fee Paid ((<u>\$)</u>	
3. APPLICATION SIZE FEE If the specification and drawin	gs exceed 100 sheets of parts or fraction thereof. See 3 Sheets Number of eac / 50 =	35 U.S.C. 41(a)(1)(G) h additional 50 or fracti (round up to a whole no	and 37 CFR 1.16(s). on thereof Fee (\$)	5 for small entity) Fee Paid (\$) Fees Paid (\$)	

SUBMITTED BY	\mathcal{A}			
Signature	// Sala	Millen	Registration No. 31,667 (Attorney/Agent)	Telephone 212-836-7241
Name (Print/Type	Brandon N. Skla	ar, Esq.		Date February 9, 2006

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